

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

| Operator Project # | | Postmark | Date Received | Notification |
|---|--------------------|------------------------|---|--------------------------|
| I. TYPE OF NOTIFICATION (O = Original / R = Revised) : R | | | | |
| II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | | |
| OWNER: 245 Fifth Owner, LLC c/o Columbus Property Management | | | | |
| Address: 3 Columbus Circle, 23rd Floor | | | | |
| City: New York | | State: New York | | ZIP: 10019 |
| Contact: Ms. Eileen Vahey | | | Tel: 212-808-4000 | |
| REMOVAL CONTRACTOR: Environmental Maintenance Contractors, Inc. | | | | |
| Address: 5 Anderson Lane | | | | |
| City: Goldens Bridge | | State: NY | | ZIP: 10526 |
| Contact: Richard Stumbo | | | Tel: 914-232-7355 | |
| Address: Same as above | | | | |
| OTHER OPERATOR: NA | | | | |
| Contact: NA | | | Tel: NA | |
| III. TYPE OF OPERATION (D = Demolition / R = Renovation) : | | | | |
| IV. IS ASBESTOS PRESENT? (<u>Yes/No</u>): Yes | | | | |
| V. FACILITY DESCRIPTION (Include building name, number and floor or room number): | | | | |
| Building Name: | | | | |
| Address: 245 Fifth Avenue | | | | |
| Address: | | | | |
| City: New York | | State: New York | | County: Manhattan |
| Site Location: Suite 1401 / Hallway 14th Fl. | | | | |
| Building Size: | SqMeter: | SqFt: | # of Floors: | Age in Years: |
| Present Use: Commercial | | | Prior Use: Commercial | |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | | | | |
| VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: | | | | |
| | RACM to be Removed | | Non-friable Asbestos Material not to be removed | |
| | | | Category I | Category II |
| Pipes - Linear Feet | | | | |
| Pipes - Linear Meters | | | | |
| Surface Area - Square Feet | | 2,150 | Non Friable | |
| Surface Area - Square Meters | | | | |
| Volume RACM off Facility Component - Cubic Feet | | | | |
| Volume RACM off Facility Component - Cubic Meters | | | | |
| VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/Y start: 2/5/16 Completion: 2/3/17 | | | | |
| IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY Start: Completion: | | | | |

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:****XII. WASTE TRANSPORTER #1**

Name: Tri-State Transfer Associate Inc.

Address: 1199 Randall Avenue

City: Bronx

State: NY

ZIP: 10474

Contact Person: Jimmy Byrne

Telephone: (718) 617-0771

WASTE TRANSPORTER #2

Name: NA

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Minerva Enterprises, Inc.

Address: 8955 Minerva Road S.E.

City: Waynesburg

State: OH

ZIP: 44688

Telephone: (330) 866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: NA

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Isolate, Assessment and Wet Cleanup

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

Date